

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lo	bbyist(s) Debra Van	derbeek, Robert C	legg, Periklis Karoutas, Le	ann Moccia, Chris Herr
II. Name of lo	bbyist's partnership, firm	or corporation, if a	nny:	٠.
	Legislative Solutions, I			·
	(Name of partnership, firm	or corporation)		•
	P.O. Box 10724	Bedford	NH	03110
Business Addres	s: (Street)	(Town/City)	(State)	(Zip Code)
986-91	145 ()	e-mail dbeek@	Paol.com
(Teles	phone)	(Fax		
reportable exp	ense transactions which a	re not attributable	to any one client).	may file a separate report for
All reportal	ble transactions occurring in	the months prior to	the reporting date relative to	the following client:
	New Hampshire Car	mp Directors Asso	ciation	
0.0	(Full Name of Client	as it appears on the L	obbyist Registration Form)	
•	ole transactions by the lobby y particular client.	ist (including the lol	obyist's family), or the lobby	ing firm listed below which are
IV. Date of Re	eport April 24, 2019 🕺		July 31, 2019	
Reports cover:	activity from date of registr	ation to 3/31/19	activity from 4/1/19 to 6/30/	19
	October 30, 2019 activity from 7/1/19 to		January 29, 2020 [activity from 10/1/19 to 12/	
	necked, complete just this for		e transactions made since he Secretary of State's Office	
VI Charleifa	dditional reports are attac	hode		
_	·		file Addendum A- Fees and	Expenses
, ,	e paid an honorarium or rein	. •	ou must file Addendum B-	·
•		ade political contrib	outions, you must file Adden	dum C- Political Contributions
I have read RS and complete to (Signature of I	o the best of my knowledge obbyist	and BSA 664 and I	April 9, 2019	ne foregoing information is true Date)
(Print Name o	t lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	tas, Leann Moccia, Chris Herr
II. Name of lobbyist's partnership, firm or corporation, if any:	•
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Camp Directors Association	Date April 9, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 0 rear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 1,500.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses paixpenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, but not greater than \$56, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ <u>1,500.00</u>
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 1,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>1,500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Olch/n/4	April 9, 2019
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	tnership, firm, or corpo	ration: Legislative Solutio	ns, L.L.C.		
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any		
particular client):	icular client): New Hampshire Camp Directors Association				
Date of Report (check	one):				
April 24, 2019 💢	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □		
	•				
			nd Expenses described above, and umber of Addendum forms being		
Addendum A(s	s).				
Addendum B(s	s).				
Addendum C(s	3).				
I hereby swear or affir complete to the best of (Signature of lobbyist)		ief.	nt and each Addendum is true and 9, 2019 (Date)		
Robert Clegg					
(Print Name of lobbyis	it)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion b	oy L	obbyi	ist
Statem	ent of	Income	and l	Expe	nses	for:	

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire (Camp Directors Association	ı	
Date of Report (check	one):			
April 24, 2019 70	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □	
			nd Expenses described above umber of Addendum forms l	
Addendum A(s).	•		
Addendum B(s).			
Addendum C(5).			
	my knowledge and be	lief.	nt and each Addendum is true 9, 2019 (Date)	e and
(Signature of loodyist)			(Date)	
Periklis Karoutas				
(Print Name of lobbyi	st)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis	t
Statement of Income and Expenses for:	

Name of Lobbying par	tnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related t	o any
particular client): New Hampshire Camp Directors Association				
Date of Report (check	one):			
April 24, 2019	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □	
·				
	-		nd Expenses described above umber of Addendum forms	-
Addendum A(s	3).			
Addendum B(s	·).			
Addendum C(s	s).			
complete to the best of		lief.	nt and each Addendum is tru	e and
(Signature of lobbyist)			(Date)	
Leann Moccia				
(Print Name of lobbyis	ι)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ins, L.L.C.	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not related to	any
particular client):	New Hampshire (Camp Directors Associatio	n	_
Date of Report (check	(one):			
April 24, 2019 💆	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □	
			nd Expenses described above, a umber of Addendum forms be	
Addendum A	(s).			
Addendum Bo	(s).			
Addendum Co	(s).			
•	f my knowledge and be	lief.	nt and each Addendum is true and each Addend	and
Chris Herr				
	et)	 _		
(Print Name of lobby	st)			